## Rev. 06/2006

## LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa

Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

To Be Filed By:

LOBBYISTS (Sec. 67-6619)

SCANNED

A STATE OF THE PARTY OF THE PAR	0170	Secretary of S	tate		(200.07		_		2007 July 3	30 AH	9: 00
			<b>\langle</b>	Annual		Se	 emi-Annu	ıal	QEAS	i vita osa	i tira er
		(Type or print clear See instructions at	arly in black ink)						STATE	ar OTW Milhau	
Lobbyis	t's name a	nd permanent busine		<del> </del>		Date pre	pared		Period	covered	
Jim S	Shackelf	ord							r	year end	ing
	ox 2638						01/29/20	07			
Boise	e, ID 83	701-2638					01/29/20	107	(Mo.		(Yr.)
									12	31	2006
Item 1	To	tals of all reportab	ole expenditures made	or incurred by	y Lobbyi	st or by L	obbyist's Empl	oyer on	behalf of Lobb	yist's Emplo	yer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity  *Total Amount for All Employers All Employers											
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers	Employer No. 1		Employer No. 2		Employer No. 3		Employer No. 4	
Enterta Food a		hment	s 118.33	•	118.33	33 \$		\$		\$	
Food and Refreshment			<u> </u>			-   "		-			
Living Accommodations						-					
Advertising											
Travel						-					
Telepho						-					
Other I	Expenses	or Services				-					
			440.00		440.00		0.00		0.00		0.00
		Total	\$118.33	\$	118.33	_   \$	0.00	s	0.00	\$	0.00
*When	the numb	er of employers you	are reporting for requir	es multiple L	-2 forms	to be filed	l a total amount	for all e	mplovers should	l d be entered	on Page 1
Item			ture of more than fifty								
2	Date		Place		Amo	unt	Names of Legis	lators, Pu	blic and Execut	tive Officials	in Group
	Continued	on attached page(s)				'					
INSTRUCTIONS						Item Employer(s) Na			Name(s) and A	ddress(es)	
Wh	o should	file this form: A	ny lobbyist registered u	ınder Section		In 1	aho Educatio				
67-	6617 Idah	o Code				PC	Box 2638,	Boise,	ID 83701-26	538	
Fili	ng dead		t is due on January 31s obbist semi-annual repo		1st.	Io. 2					
TO BE FILED WITH:  Ben Ysursa				N	No. 3						
Secretary of State PO Box 83720					-						

No. 4

Item 4	personal prop		erty to any Legisl	ator, Public or Executive Of	by the lobbyist's employer in the nature of contributions of money or other tangible or intangiblic or Executive Official or for or on behalf of any Legislator, Public or Executive Official.						
	Subjector Ho the Lo	ct matter use Bill, obbyist w Bill, Re Legislat	erty to any Legisl Amount	ion, the number of the Senate legislative activity in which	LEGISLATIVE SUB  Code Subject  1 Agriculture, horticulture, farming, and livestock  2 Amusements, games, athletics and sports  3 Banking, finance, credit and investments  4 Children, minors, youth, senior citizens  5 Church and religion  6 Consumer affairs  7 Ecology, environment, pollution, conservation, zoning, land and water use  8 Education  9 Elections, campaigns, voting, political parties  10 Equal rights, civil rights, minority affairs  11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds  2 Government, county  3 Government, federal  4 Government, special districts  16 Government, state  CERTIFICATION: I hereby certify the	JECT Code 17  18 19 20 21 22 23 24 25 26 27 28 29 30 31	IDENTIFICATION  Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)				
Item 6	con	tract bid	rule, ratemaking of or bid process, fina t was supporting or	ecision, procurement, uncial services agreement or opposing.	CERTIFICATION: I hereby certify the correct statement in accordance with S						
					Employer No. 2 signature		Date				
					Employer No. 3 signature  Employer No. 4 signature		Date				